

## **Biotherapeutics for Mitigation of Health Disorders from *Terminalia arjuna***

### **Field of Invention**

The present invention relates to a series of metabolites, which were isolated from *Terminalia arjuna* and characterized for therapeutically relevant molecules to be used in treatment of various health related disorders like cardiovascular disorders and as antibacterial agents. The extracts from the plants were subjected to both, targeted and non-targeted screening procedures. The present invention also relates to a series of extracts exhibiting significant antioxidant potential, as indicated by the DPPH free radical scavenging and reducing potential, thereby extrapolating to its cardio-protective function. The broad-spectrum activity of *Terminalia arjuna* extracts against the microorganisms tested potentiates its application as an anti-microbial agent.

### **Background**

Indian folk medicine comprises numerous herbal prescriptions for therapeutic purposes which may be as varied as healing wounds, treating inflammation due to infection, skin lesions, leprosy, diarrhoea, scabies, venereal diseases, snake bite and ulcers etc.

*Terminalia arjuna* is a deciduous tree found throughout India growing to a height of around 60-90 feet. *Terminalia arjuna* belongs to the family *Combretaceae* and is called "Arjuna" in vernacular. *Terminalia arjuna* has been used for over 1500 years in India as a cardio tonic and has been indicated for derangement of all three humours in, vata, pitta and kapha in Ayurveda. The bark of *Terminalia arjuna* has been widely used in Indian system of medicine for a variety of purposes.

Cardiovascular disease (CVD) is a leading cause of mortality and is responsible for the deaths of around 17 million people every year, accounting for approximately one-third of deaths. Of the estimated deaths attributed to CVD worldwide, 80% is in developing countries.<sup>1</sup>

Lifelong production of free radicals through normal function of mitochondria and other cellular constituents is a major intrinsic source of oxidative stress in the body. The DNA in each cell of a normal rat produces <100000 oxidative lesions per day. DNA repair enzymes are constantly removing these, but with age, the balance shifts toward a higher rate of damage than repair, leading to accumulation of DNA lesions, cell dysfunction, and, in rats, death within 2-3 years. Human cells, in contrast, produce about one-tenth as many oxidative lesions as rat cells and excrete fewer damaged DNA products. Thus, they have a relatively better repair process and antioxidant defense mechanism, which is consistent with the longer life span of humans.<sup>2</sup>

In addition to endogenous oxidative stress, exposure to free radicals and oxidants in the environment, such as ultraviolet sunlight, ozone, cigarette smoke, smog, and other pollutants, also contribute substantially to the rate of

change in the body's oxidant: antioxidant balance. A shift in the oxidant: antioxidant balance due to increased production of free radicals may contribute to the decline of cardiovascular, neuronal, muscular, visual, and immune functions, over time. In addition, a high level of oxidative stress and free radicals has been implicated in an ever-widening array of age-related diseases like amyloidosis, acute pancreatitis, arthritis, atherosclerosis, cancer, cardiovascular disease, inflammatory bowel disease, myocardial infarction, senile dementia, retinal degeneration and senile cataract.<sup>2</sup>

Epidemiological studies have demonstrated an association between increased intake of antioxidant molecules and reduced morbidity and mortality from cardiovascular disorders.

Atherosclerosis, a chronic inflammatory disease of the arterial wall, is a major cause of morbidity and mortality from cardiovascular disease (CVD) in much of the world's population. There have been several reports indicating oxidation of Low Density Lipoprotein (LDL) as one of the major mechanisms responsible for the pathogenesis of atherogenesis. The hypothesis that oxidative stress plays a role in atherosclerosis rests on the inference based on experimental work, on a large scale, carried out in animal models of heart disease and by extension, antioxidants by their ability to quench free radicals and reactive oxygen species, may play a beneficial role in modulating oxidative damage and thereby decreasing the risk of atherosclerotic lesion formation and progression.<sup>3</sup>

Nitric oxide (NO) is produced from L-arginine in the vascular endothelium by the endothelial iso-form of nitric-oxide synthase (NOS). Endothelial production of NO is crucial in the control of vascular tone, arterial pressure, smooth muscle cell proliferation and platelet adhesion to the endothelial surface. Impaired endothelium-derived NO bioactivity is a common feature of many vascular diseases that is thought to contribute to their clinical manifestations, as evidenced in a study conducted to investigate the effect of ascorbic acid on NO synthesis. The study also revealed that ascorbic acid was shown to enhance impaired endothelium-dependent vasodilatation in patients with atherosclerosis by a mechanism that is thought to involve protection of NO from inactivation by free oxygen radicals. Ascorbate pretreatment on endothelial cells led to a 3-fold increase of the cellular production of NO measured as the formation of its co-product citrulline and as the accumulation of its effector molecule cGMP. It was thus shown that intracellular ascorbic acid enhances NO synthesis in endothelial cells and that this may explain, in part, the beneficial vascular effects of ascorbic acid.<sup>4,5</sup>

Cigarette smoking has been recognized as a primary risk factor for cardiovascular diseases, the major cause of morbidity and mortality in industrialized nations. Cigarette smoke introduces a high burden of radicals into the organism and also stimulates the generation of further radicals and reactive oxygen species from activated leukocytes, many of which are chemotactically attracted and sequestered in the lungs. The increased burden of reactive species in the plasma of smokers results in the consumption of the antioxidant vitamin C, and subsequently the accumulation of various lipid

oxidation products in their bloodstream. It has been shown that oxidation of synthetic, cellular, and lipoprotein phosphatidylcholine all create a similar spectrum of phospholipid products that activate inflammatory cells through the platelet-activating factor (PAF) receptor.

Dietary supplement with the antioxidant Vitamin C has shown to prevent the accumulation of PAF like lipids, and also prevented cigarette smoke-induced leukocyte adhesion to the vascular wall and formation of leukocyte-platelet aggregates.<sup>6</sup>

Low plasma vitamin C concentration has been related to increased progression of carotid atherosclerosis and increased risk of acute myocardial infarction. Few studies have also shown an association between plasma vitamin C levels and the risk of stroke. It was seen that low serum or plasma ascorbic acid has been associated with increased incidence of stroke and mortality from stroke.<sup>7</sup>

### References:

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### Prior Art

US patent 6,162,438 describes an edible herbal compositions, mixture of at least three, preferably at least six, herbs selected from the group consisting of *Terminalia arjuna*, *Cynara scolymus*, *Zingiber officinale*, *Allium sativum*, *Crataegus oxyacantha*, *Curcuma longa*, *Boerhaavia diffusa* and *Trigonella foenumgraecum*, for use as agents for the control of hypertension, hypercholesterolemia and hyperlipidemia in mammals.

Sharma VN et al. evaluated the antioxidant and hypcholesterolaemic effects of *Terminalia arjuna* tree bark (a popular cardiotonic substance in Indian pharmacopoeia) and compared it with a known antioxidant, vitamin E by a randomised controlled trial. One hundred and five successive patients with coronary heart disease (CHD) were recruited and using a Latin-square design, divided into 3 groups of 35 each. At baseline, total cholesterol, triglycerides, HDL and LDL cholesterol and lipid peroxide estimated as thiobarbituric acid reactive substances (TBARS) were determined. Group I received placebo capsules; Group II vitamin E capsules 400 units/day; and Group III received finely pulverized *T. arjuna* tree bark-powder (500 mg) in capsules daily. Lipids and lipid peroxide levels were determined at 30 days follow-up. It was found that response rate in various groups varied from 86% to 91%. No significant changes in total, HDL, LDL cholesterol and triglycerides levels were seen in Groups I and II (paired t-test  $p > 0.05$ ). In Group III there was a significant decrease in total cholesterol (-9.7 +/- 12.7%), and LDL cholesterol (-15.8 +/- 25.6%) (paired t-test  $p < 0.01$ ). Lipid peroxide levels decreased significantly in both the treatment groups ( $p < 0.01$ ). This decrease was more in vitamin E group (-36.4 +/- 17.7%) as compared to the *T. arjuna* group (-29.3 +/- 18.9%). It was concluded from this trial that, *Terminalia arjuna* tree bark powder has significant antioxidant action that is comparable to vitamin E. In addition, it also has a significant hypcholesterolaemic effect. (Antioxidant and hypcholesterolaemic effects of *Terminalia arjuna* tree-bark powder: a randomised placebo-controlled trial, J Assoc Physicians India 2001 Feb; 49:231-235)

Abeysekera et al. measured the antiradical and antilipoperoxidative effects of some plant extracts used by Sri Lankan traditional medical practitioners for cardioprotection *in vitro*, by DPPH (1,1-diphenyl-2-picrylhydrazyl) radical scavenging and deoxyribose damage protection assays, and (b) *in vivo*, by effects on lipid peroxidation. *Terminalia arjuna* aqueous freeze-dried extracts showed significant DPPH radical scavenging activity with EC (50) 8.3 +/- 0.3 microg/mL (similar to L-ascorbic acid). (Phytother Res. 2001 Sep; 15(6): 519-23.)

To explore the mechanism of action of arjunolic acid on cardiac protection in isoproterenol induced myocardial necrosis in rats, Puvanakrishnan R. et al, measured the anti-platelet activity, anticoagulant assays, electrocardiographic changes, serum marker enzymes, antioxidant status, lipid peroxide and myeloperoxidase (MPO) activity of arjunolic acid and compared the results with a potent cardioprotective drug, acetyl salicylic acid (ASA). Arjunolic acid treatment is also shown to prevent the decrease in the levels of superoxide dismutase, catalase, and glutathione peroxidase. (Mol Cell Biochem. 2001 Aug; 224 (1-2): 135-42.)

To explore the anti-bacterial potential of medicinal plants, Perumal SR et al., took a total of 34 plant species belonging to 18 different families, selected on the basis of folklore medicinal reports practiced by the tribal people of Western Ghats, India, and assayed for antibacterial activity against *Escherichia coli*, *Klebsiella aerogenes*, *Proteus vulgaris*, and *Pseudomonas aerogenes* (gram-negative bacteria). 50 g of the powdered test material were extracted sequentially in 250 ml of hexane, diethyl ether, dichloromethane, ethyl acetate, methanol and water. These extracts at a concentration of 1000-5000 ppm were checked to determine the antibacterial potential by using the disc diffusion method. Of these 16 plants showed activity; among them *Cassia fistula*, *Terminalia arjuna* and *Vitex negundo* showed significant antibacterial activity against the tested bacteria. The bark of *T. arjuna* exhibited antibacterial activity only in dichloromethane, methanol and aqueous extracts against the bacteria tested at 1000-5000 ppm dosage; high activity was observed at 4000 and 5000 ppm against *P. aerogenes*. (Screening of 34 Indian medicinal plants for antibacterial properties Journal of Ethnopharmacology 62 (1998) 173-182)

**Brief description of the figures and tables:**

**Fig. 1:** Reducing potential of Ethyl acetate, Acetone, Ethanol, Methanol and water extracts from the bark of *Terminalia arjuna*.

**Fig. 2** shows the DPPH free radical scavenging potential of Ethyl acetate, Acetone, Ethanol, Methanol and water extracts from the bark of *Terminalia arjuna*.

**Fig. 3** shows antibacterial activity of *Terminalia arjuna* bark ethyl acetate, acetone, ethanol, methanol and water extracts (5mg/ml).

**Fig. 4** shows antibacterial activity of *Terminalia arjuna* bark ethyl acetate

**Fig. 5** shows growth of the bacterial strains on the LB, LB with 5 % DMSO and LB with 2  $\mu$ g/ml ciprofloxacin as positive controls

**Table 1** gives the readings of reducing potential of *Terminalia arjuna* bark ethyl acetate, acetone, ethanol, methanol and water successive extracts.

**Table 2** gives the % inhibition values of DPPH free radical scavenging potential of *Terminalia arjuna* bark ethyl acetate, acetone, ethanol, methanol and water successive extracts.

**Table 3** gives antibacterial activity of *Terminalia arjuna* bark ethyl acetate, acetone, ethanol, methanol and water extracts at 5mg/ml and 1 mg/ml concentrations.

**Description**

The medicinal properties of bark of *Terminalia arjuna* in alleviation of various health related disorders have been very well documented. In order to determine the cardio-protective principle(s), metabolic profiling of the *Terminalia arjuna* bark was done. Successive extraction was carried out of the bark of *Terminalia arjuna* with solvents in order from non-polar to polar starting with Hexane, Chloroform, Ethyl acetate, Acetone, Ethanol, Methanol and Water. The extracts obtained were subjected to various assays systems.

For evaluating anti-oxidation potential of the *Terminalia arjuna* bark extracts reducing potential and DPPH free radical scavenging activity were checked for and the levels of antioxidant was determined.

**Plant material and extraction:**

Powdered *Terminalia arjuna* bark was extracted by solvents sequentially in order from hexane, chloroform, ethyl acetate, acetone, ethanol, methanol and water. The individual fractions obtained were filtered and evaporated to dryness in vacuo.

**Antioxidant assay:**

The antioxidant activities of natural components may have reciprocal correlation with their reducing potentials. Several methods have been developed to measure the efficacy of dietary antioxidants as pure compounds or in food extracts. These methods focus on different mechanisms of the oxidant defense system i.e. scavenging active oxygen species and hydroxyl radicals, reduction of lipid peroxyl radicals, inhibition of lipid per-oxidation, or chelation of metal ions. In most of the cases irrespective of the stage in the non-enzymatic anti-oxidative activity (scavenging of free radicals, inhibition of lipid per-oxidation, etc.) is mediated by redox reactions.

**1. Reducing power:**

Various concentrations of the extracts (50  $\mu$ l) were mixed with 200  $\mu$ l of 0.2 M phosphate buffer, pH 6.5 and 200  $\mu$ l of 1% potassium ferricyanide, and then incubated at 50 °C for 20 min 10% trichloroacetic acid (250  $\mu$ l) was added to the mixture and centrifuged at 3000x g for 10 min at room temperature. Of the resulting supernatant, 500  $\mu$ l was taken and mixed with 500  $\mu$ l of 0.1% ferric chloride then incubated at 37 °C for 10 min. The absorbance at 700 nm was measured. This assay was done in triplicate. Increased absorbance indicated increased reducing power.

**2. DPPH Scavenging Effect**

This method is based on the reduction of DPPH, a stable free radical. Due to the odd electron of DPPH, it gives a strong absorption maximum at 517 nm by visible spectroscopy (purple color). As the odd electron of the radical becomes paired off in the presence of hydrogen donor, that is, a free-radical scavenging antioxidant, the absorption strength is decreased, and the resulting de-coloration is stoichiometric with respect to the number of electrons captured. This reaction has widely been used to evaluate the anti-oxidative activity of food and plant extracts.

Reactions were performed in 1.25 ml of methanol containing 0.5 mM freshly made DPPH and various amounts of the extract. Reaction mixtures were incubated at 37 °C for 30 min, and the absorbance at 517 nm was measured. This assay was done in triplicate.

**Antibacterial assay:**

For evaluating antibacterial potential of the *Terminalia arjuna*, successive Ethyl acetate, Acetone, Ethanol, Methanol and Water extracts from bark of *Terminalia arjuna* were tested against 11 bacterial strains .

**Cultures tested:**

Testing of anti-microbial potential was done against eleven bacterial strains (Gram negative: *Escherichia coli* ATCC-10536, *Pseudomonas aeruginosa* ATCC-9027, *Klebsiella pneumoniae* ATCC-10031, *Bordetella bronchiseptica*

ATCC-4617; Gram Positive: *Staphylococcus aureus* ATCC-29737, *Streptococcus fecalis* ATCC-8043, *Micrococcus luteus* ATCC-9341, *Bacillus subtilis* ATCC-6633, *Bacillus cereus* ATCC-11778, *Bacillus pumilus* ATCC-14884, *Staphylococcus epidermidis* ATCC-6358) were selected from the microorganisms given in United states Pharmacopoeia (2000), British Pharmacopoeia (1993) and Indian Pharmacopoeia (1996) for anti-microbial assays.

#### **Agar streak method:**

A stock of 100 mg/ml of Ethyl acetate, Acetone, Ethanol, Methanol and Water successive extract from the bark of *Terminalia arjuna* was prepared in DMSO. To determine the antibacterial potential extracts at a concentration of 5 mg/ml and 1 mg/ml were added to 30 ml of LB agar medium. After the medium was solidified, overnight grown 11 bacterial strains mentioned were taken in loop and streaked on the medium. The plates were incubated at 37 °C for 24 hrs after which the bacterial growth was monitored. Suitable controls were maintained with the extracts and the microorganisms. Ciprofloxacin (2 µg/ml) served as positive control.

#### **Results and Discussions:**

##### **Antioxidation Potential:**

The reducing potential of the bark extracts of *Terminalia arjuna* has been shown in Figure 1. It is seen that with the increase in the extract concentration there is increase in the reducing power. The concentration required to attain one absorbance unit at 700 nm were 0.081 mg/mL for ascorbic acid, 0.287 mg/mL for acetone and ethanol, 0.4 mg/mL for methanol and 0.431 mg/mL for ethyl acetate. At higher concentration of i.e. at concentration of 1.25 mg/mL the reducing power of both acetone and ethanol extract was higher then ascorbic acid. The presence of high reducing power indicates the presence of compound that could donate electrons and could react with free radicals to convert them to more stable products and to terminate radical chain reaction.

The radical scavenging activity of the *Terminalia arjuna* bark extracts was determined against the DPPH radical in spectrophotometric assay. The DPPH radical was quenched by the antioxidants as indicated by an acceleration of the decay of the absorbance signal (515 nm). It was found that the reduction of DPPH radical was dose dependent. It was seen that IC<sub>50</sub> of acetone extract was 25 µg/mL less than that of ascorbic acid 26.4 µg/mL. In case of the other extracts the IC<sub>50</sub> of ethyl acetate, ethanol, methanol and water was determined as 52.8 µg/mL, 36.8 µg/mL, 34.3 µg/mL and 46.4 µg/mL respectively.

**Antibacterial Potential:**

Table 3 enumerates the effect of the antibacterial properties of different solvent and aqueous extracts of bark extract of *Terminalia arjuna* against the 11 bacterial stains tested.

It is observed that at concentration of 5 mg/ml ethyl acetate extract exhibited a broad antibacterial inhibiting growth of 9 of the 11 bacterial strains tested (Fig 1 and 3). It was found very effective against the gram-positive bacteria showing inhibition of all the seven gram positive strains tested. Whereas acetone, ethanol, methanol and water extract showed inhibition against *B. bronchiseptica*, *S. aureus*, *S. fecalis* and *M. luteus*.

At concentration of 1 mg/ml ethyl acetate showed antibacterial activity against *B. bronchiseptica*, *S. aureus* and *S. fecalis*. Acetone extract showed complete inhibition of growth of *S. aureus* and *S. fecalis* whereas showed partial growth inhibition against *B. bronchiseptica*. Ethanol, methanol and water extract showed inhibition against only *S. aureus*.